FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

PURSUANT TO REGULATION D,

SECTION 4(6) AND/OR SECTION 4(6), AND/OR

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OMB APPROVAL OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden hours per response.....16.00

SEC USE ONLY						
Prefix	Serial					
DATE RE	CEIVED					
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UNIFORM LIMITED OFFERING EXEMP	PTION
Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	03019786
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	
Todd R. Deacon, LLC	
Address of Executive Offices (Number and Street, City, State, Zip Code) 200 South Main Street, Suite 1, P.O. Box 715, Pocatello, ID 83209	Telephone Number (Including Area Code) (208) 241-1828
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
The Company has employed Todd Deacon, who will compete in professional golf events and	l assign all prize winnings to the Company.
Type of Business Organization  corporation limited partnership, already formed business trust limited partnership, to be formed  the corporation	ease specify): limited liability company
Actual or Estimated Date of Incorporation or Organization: O3 O3 Actual Estim Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)	ated PROCESSED APR 16 2003
GENERAL INSTRUCTIONS	"HOBSEA
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or 77d(6).	Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.	

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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## A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Deacon, Todd R. (Member of the Board of Managers) Full Name (Last name first, if individual) 8350 East Earl, Scottsdale, AZ 85251 Business or Residence Address (Number and Street, City, State, Zip Code) Promoter Check Box(es) that Apply: ✗ Beneficial Owner Executive Officer Director General and/or Managing Partner Collins, Allen (Member of the Board of Managers) Full Name (Last name first, if individual) 200 South Main Street, Suite 1, P.O. Box 715, Pocatello, ID 83209 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or ☐ Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Executive Officer Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Executive Officer Promoter Beneficial Owner Director General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

	31. P				. B.≇I)	NFORMAT	ION ABOU	T OFFERI	NG				
1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								Yes <b>⋉</b>	No			
	Answer also in Appendix, Column 2, if filing under ULOE.												
2.	2. What is the minimum investment that will be accepted from any individual?									§ 25,000.00			
3.	Does th	e offering	permit joint	t ownershi	p of a sing	le unit?		•••••		•••••		Yes	No <b>X</b>
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Ful	l Name (	Last name	first. if indi	ividual)									
Bus	siness or	Residence	Address (N	lumber and	Street, C	ity, State, Z	Zip Code)	<u></u>	******				
Nar	ne of As	sociated Br	oker or Dea	aler						,			-
Star	tes in Wh	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers	· · · · · · · · · · · · · · · · · · ·	<del></del>		<u> </u>		
	(Check	"All States	" or check	individual	States)			***************************************		***************************************	•••••	☐ Al	1 States
	AL IL MT RI	AK IN NE SC	AZ  IA  NV  SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Ful	l Name (	Last name	first, if indi	ividual)	<u>-</u>								
Bus	siness or	Residence	Address (N	Number an	d Street, C	City, State, 2	Zip Code)						
Nar	me of As	sociated Br	oker or Dea	aler								-	<del></del>
Sta	tes in Wh	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers		<del></del> ,	· <del></del>			
	(Check	"All States	" or check	individual	States)		••••••	•••••••	*******************	**************		☐ All	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Ful	l Name (	Last name	first, if indi	ividual)			<del></del>				,		
Bus	siness or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)		·				
Nar	me of As	sociated Br	oker or Dea	aler							<u></u>	,	•
Sta	tes in WI	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)	•••••		***************************************	·····			☐ All	l States
	AL IL MT	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	§	\$
	Equity	5	
	Common Preferred		
	Convertible Securities (including warrants)	5	\$
	Partnership Interests	<b>.</b>	\$
	Other (Specify Membership Interests)		
	Total		\$ 115,000
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	1	\$90,000
	Non-accredited Investors	1	\$ 25,000
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.	;•	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amoun Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$0
	Printing and Engraving Costs		\$0
	Legal Fees	<b>X</b>	\$
	Accounting Fees	<b>X</b>	\$
	Engineering Fees		\$0
	Sales Commissions (specify finders' fees separately)		\$0
	Other Expenses (identify) State Securities Filings	<b>X</b>	\$500
	Total		\$5,500

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P. 005

	COFFERING NAME OF THE PROPERTY	der of envestors expenses and use of p	ROCE	EDS		ggiere i volume. Littoria i volume
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."	Question 4.a. This difference is the "adjusted gross			s:	244,500
5.	Indicate below the amount of the adjusted gross pro- each of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross				
			Dir	Thents to Efficers, ectors, & filiates	q	ayments to Others
	Salaries and fees		<b>]</b> S_	30,000	∏s.	0
	Purchase of real estate	•				0
	Purchase, rental or leasing and installation of mac	hinery	s		s	0
	Construction or leasing of plant buildings and fac	ilities	٦s_		□s.	0
	Acquisition of other businesses (including the val offering that may be used in exchange for the asset issuer pursuant to a merger)	ets or securities of another	_ □§_			0
	Repayment of indebtedness		s		☐ S.	0
	Working capital		_s_		☐ \$.	0
	Other (specify): Golf tournament entry fees		<b>]</b>	0	<b>₽</b> \$	150,000
	Gas, food, lodging, air fare		<b>3</b> \$_	40,000	_ <u>□</u> \$	
	Equipment, miscellaneous		<b>X</b> ) §	24,500		
	Column Totals		X 5_	94,500	<b>X</b> S	150,000
	Total Payments Listed (column totals added)	······································		<b>x</b> s	244,5	00
: 4	entra mendeka kabupat barangan kembua	D. FEDERAL SIGNATURE	14 55 055 1 1 4 1 1		110	
sig	issuer has duly caused this notice to be signed by the lature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	undersigned duly authorized person. If this notice mish to the U.S. Securities and Exchange Commis	is file sion,	d under Ru upon writte	le 505,	the followin
Iss	ier (Print or Type)	Signature	Date			
Τ¢	dd R. Deacon, LLC	(Clarendos)	April	8, 2003		
Na	ne of Signer (Print or Type)	Title of Signer (Print or Type)		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
٨I	en Collins	Member of Board of Managers				

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

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P. 006

11 - 11 - 1		E STATE SIGNATURE
1;		resently subject to any of the disqualification Yes No
	Sco	Appendix, Column 5, for state response.
2.	The undersigned issuer hereby undertakes to D (17 CFR 239,500) at such times as required.	furnish to any state administrator of any state in which this notice is filed a notice on Form red by state law.
3.	The undersigned issuer hereby undertakes t issuer to offerees.	o furnish to the state administrators, upon written request, information furnished by the
4.	limited Offering Exemption (ULOE) of the :	ssuct is familiar with the conditions that must be satisfied to be entitled to the Uniform state in which this notice is filed and understands that the issuer claiming the availability thing that these conditions have been satisfied.
	er has read this notification and knows the con horized person.	tents to be true and has duly caused this notice to be signed on its behalf by the undersigned
lasuer (	Print or Type)	Signature Date
Todd F	L Deacon, LLC	De e e April 8, 2003
Name (	Print or Type)	Title (Print or Type)
Allen (	Callins	Member of Board of Managers

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

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				AP	PENDIX					
1	Intend to non-a investor	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	f investor and rchased in State C-Item 2)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ										
AR										
CA										
со					_					
СТ										
DE										
DC										
FL										
GA										
НІ										
ID										
IL										
IN										
IA										
KS										
KY										
LA										
ME				·	-					
MD		·								
MA										
MI										
MN										
MS										

				APP	ENDIX				
1	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	·	Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО						,			
МТ									
NE									
NV									
NH									
NJ									
NM									
NY							,		
NC									
ND						:*			
ОН									
ОК									
OR									
PA									
RI									
sc							,		
SD									
TN									
TX									
UT									
VT									
VA									
WA									
WV									
WI									

				APP	ENDIX					
1	to non-a	2 d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State  (Part C-Item 2)					5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
PR										